

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043274

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 201

FILED NOV 26 1962

## 1. PLACE OF DEATH

a. COUNTY

Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

Lebanon

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Wallace Mem. Hospital

Inside Limits

Yes ☒ No ☐

c. CITY

OR  
TOWN

Lebanon

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

788 W. 2nd

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

John

C.

Smart

4. DATE  
OF DEATH

Month

Day

Year

Nov.

17

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-15-83

## 9. AGE (last birthday)

79

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Ret. Blacksmith

## 10b. KIND OF BUSINESS OR INDUSTRY

Horseshoer

## 11. BIRTHPLACE (City and state or country)

Kentville, Tenn.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

M. F. Smart

## 13b. MOTHER'S MAIDEN NAME

Minervia J. Brook

## 14. NAME OF HUSBAND OR WIFE

none

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Miss Mary Smart-Lebanon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute bronchopneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

7 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.)

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Generalized arteriosclerosis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

11-17-62

to

11-17-62

and last saw him

live on

11-17-62

## Death occurred at

4.15 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

B B Hurst MD

## 22b. ADDRESS

Lebanon, Mo.

## 22c. DATE SIGNED

11-19-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

11-19-62

## 23c. NAME OF CEMETERY OR CREMATORY

Lebanon City Cemetery

## 23d. LOCATION (City, town, or county)

Lebanon

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Douglas Griswald, Lebanon Mo

## 25. DATE RECD. BY LOCAL REG.

11-19-1962

## 26. REGISTRAR'S SIGNATURE

Hella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

11535

21535

3

4 0

5 0

6

7 1

8 2

9 491X

10

11

12 1-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James Douglas Casswell*

Licensed Embalmer No. 5099

P. O. Address Rebman Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit renewed 11-19-1962 H.R.H.